Case# 2019-0239

MEDICAL EXAMINER'S REGISTER

CITY AND COUNTY OF SAN FRANCISCO - RECORD OF DEATH

Name: ADACHI, JEFFREY

Alias:

ADDRESS: [redacted] 94127

DATE OF DEATH: 02/22/2019 TIME: 06:54 PM REPORTED BY: RITIK CHANDRA MD

DATE OF REPORT: 02/21/2019 TIME: 07:35 PM REPORTED AGENCY: CPMC-PACIFIC

PLACE OF DEATH: 2333 BUCHANAN STREET, SAN FRANCISCO,CA 94115

TYPE OF CASE: UNKNOWN INCIDENT DATE/TIME: 02/22/2019 05:43 PM

RELATIVE: Spouse DATE NOTIFIED: 02/22/2019

BIRTHDATE: 08/29/1959 AGE: 59 SS#[redacted] SEX: MALE RACE: ASIAN-JAPANESE

RECEIVED AT MEDICAL EXAMINER: 02/23/2019 TIME: 10:50 PM

RELEASED TO:

RELEASED DATE: 02/25/2019

RELEASE SIGNED BY RELATIONSHIP:

POUCH:

PROPERTY LISTING

1	D	PROPERTY - 1 CCSF ID CARD
1	D	PROPERTY - 1 CDL

EVIDENCE LISTING

TOXICOLOGY PM COLLECTION-STANDARD AND BASE HOMICIDE
BAG OF FORENSIC EVIDENCE
HISTOLOGY STOCK JAR CONTAINER
TOXICOLOGY PM COLLECTION-STANDARD AND BASE HOMICIDE
TOXICOLOGY PM COLLECTION-STANDARD AND BASE HOMICIDE
[BLP1] BLOOD, PERIPHERAL 1
[BLP2] BLOOD, PERIPHERAL 2
[BLC1] BLOOD, CENTRAL1
[URIN] URINE
[LIVR] LIVER
[SEAL] ME SECURITY SEAL #158303
[LFNL] LEFT FINGERNAILS WITH CLIPPERS
[RFNL] RIGHT FINGERNAILS WITH CLIPPERS
[HJR1] HISTO STOCK JAR 1
[GSC1] GASTRIC CONTENTS 1
[GSC2] GASTRIC CONTENTS 2
[GSC3] GASTRIC CONTENTS 3
[CSFL] CSF FLUID
FROZEN SPECIMEN X4
GATRIC CONTENTS 4/5
GASTRIC CONTENTS 5/5
RIGHT VITREOUS HUMOR
LEFT VITREOUS HUMOR
SPLEEN
BRAIN
MUSCLE
[BSP1] BLOODSPOT 1 ENVELOPE
WET SWAB ANUS
DRY SWAB ANUS
WET SWAB PENILE SHAFT
DRY SWAB PENILE SHAFT
WET SWAB RIGHT POSTERIOR AXILLA
WET SWAB LEFT POSTERIOR AXILLA
DRY SWAB LEFT GROIN
WET SWAB LEFT GROIN
DRY SWAB RIGHT PALM
WET SWAB RIGHT PALM
PULLED SCALP HAIR
RIGHT UPPER CHEST DRY SWAB (APPARENT WRITING)

SAN FRANCISCO MEDICAL EXAMINER
2019 MAR 22 PM 2:29
I HEREBY CERTIFY THAT THE FOREGOING IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL

RIGHT UPPER CHEST WET SWAB (APPARENT WRITING)
DRY SWAB RIGHT DORSAL HAND
WET SWAB RIGHT DORSAL HAND
DRY SWAB LEFT PALM
WET SWAB LEFT PALM
WET CONTROL SWAB
DRY CONTROL SWAB
DRY SWAB SCROTUM
WET SWAB SCROTUM
DRY NASAL SWAB (LEFT NARE)
WET SWAB LEFT NASAL (LEFT NARE)
DRY SWAB LEFT DORSAL HAND
WET SWAB LEFT DORSAL HAND
DRY SWAB PERI-ORAL
WET SWAB PERI-ORAL
RECTAL SWAB
SWAB GLABELLA
INTRA ORAL SWAB
DRY SWAB LEFT POSTERIOR THIGH
WET SWAB LEFT POSTERIOR THIGH
SWAB LEFT POSTERIOR THIGH SUBCUTANEOUS
DRY SWAB LEFT POSTERIOR AXILLA
DRY SWAB RIGHT POSTERIOR AXILLA
SWAB RIGHT POSTERIOR AXILLA SUBCUTANEOUS
SWAB LEFT POSTERIOR AXILLA SUBCUTANEOUS
[HCCS] HISTO CASS CONTAIN
[HCCS] HISTO CASS CONTAIN

PUBLIC ADMINISTRATOR: DATE NOTIFIED:

PA RECEIVED AMOUNT:

BODY SEARCHED BY: AT:

PREMISES SEARCHED BY: AT:

PREMISES SEALED BY: DATE:

EXAMINATION: AUTOPSY PERFORMED BY: MOFFATT MD

INVESTIGATORS: BARBRICH #114 CHUAKAY #120

Case#: 2019-0239

MEDICAL EXAMINER / INVESTIGATOR'S REPORT

CITY AND COUNTY OF SAN FRANCISCO -
RECORD OF DEATH

Name: **Adachi, Jeffrey** **Date/Time of Death:** 02/22/2019 18:54

Marital Status: Married **Age:** 59 **Sex:** MALE **Ht:** 5'10" **Wt:** 169 Lbs

Nature: Drug Related **Race:** Asian-Japanese

Home Address: [redacted]

Place of Death: CPMC Pacific Campus, 2333 Buchanan Street, San Francisco, CA 94115

Case Involvements:

Chandra M.D. CPMC-Pacific Campus
Sgt. Payne #2344 SFPD Central Station
Nursing Supervisor Rad CPMC-Pacific Campus

Fingerprints Taken: Yes

Relative Notified: Spouse

Case History:

The subject, a 59 year old male, resided with his wife at [redacted] San Francisco, California. On 2/22/2019 the subject became unresponsive while at 46 Telegraph Place in San Francisco, when an unknown individual contacted 911 and paramedics were dispatched to the location. Paramedics transported the subject to the emergency department at California Pacific Medical Center Pacific Campus (CPMC PAC), where death was pronounced within the emergency department at 1854 hours.

According to information obtained from the attending emergency department physician Dr. Ritik Chandra, Nursing Supervisor Samareh Rad R.N., the King American Ambulance Patient Care Report, and interviews conducted with the subject's spouse, brother-in-law, subject's friend (Witness 1; 'W1'), location of incident building tenant (Witness 2; 'W2') and a scene investigation occurring with SFPD officers at the location of incident, the following Medical Examiner Investigative Report was generated. On 2/22/2019 at 1743 hours a 911 call was placed for service by an unknown individual. Emergency services were dispatched to 46 Telegraph Place where they were greeted by a witness or possible witnesses. Paramedics and Fire Department personnel reported that witnesses at the scene stated that the subject had been acting "strange" and unlike himself, and grinding his teeth before collapsing. Emergency services found the subject unresponsive on the floor of a bedroom. Cardiopulmonary resuscitation was initiated and continued on scene. Two intubation attempts were made at the scene but were unsuccessful. A King tube was then placed with suction following soon after. Paramedics reported good chest rise and lung sounds. The subject was shocked multiple times and administered epinephrine and Narcan. Paramedics reported a slow carotid pulse for a few seconds before it was lost. Resuscitative treatment was continued and the subject was then transported at 1821 hours to the emergency department of CPMC PAC. Paramedics reported that the subject's condition did not change en route to the hospital, and the subject's care was transferred to the hospital staff at 1829 hours.

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Dr. Chandra took over medical care and intubated the subject in the emergency department. Resuscitative treatment was continued until the subject was pronounced dead at 1854 hours. CPMC PAC staff made contact with the subject's cousin, who subsequently contacted the subject's spouse who responded quickly to the hospital. Dr. Chandra met with the subject's spouse and notified her of the subject's death within the emergency department.

Dr. Chandra contacted the Medical Examiner's Office via telephone on 2/22/2019 at 1935 hours and reported the subject's death. Dr. Chandra specified the subject died in the emergency department of unknown circumstances or causes. Dr. Chandra was unable to provide a location of incident, as the paramedics had not provided that information to hospital staff before departing CPMC PAC. I accepted the case and responded to the hospital with Investigator Chuakay, arriving at the emergency department at 1957 hours where I was greeted by nursing staff. Supervising Nurse Rad introduced me to the subject's wife who was at the subject's bedside. The Supervising Nurse relayed that emergency department personnel had been advised by first responders that the subject had reportedly been consuming alcohol and smoking marijuana prior to his collapse. Supervising Nurse Rad provided copies of the subject's medical chart to Director Wirowek, who provided them to me.

The hospital laboratory was contacted and confirmed that no admission specimens were submitted.

The subject's spouse was interviewed at the hospital and reported that she had last seen the subject at approximately 0600 hours when he left home that morning for the gym. She reported that the subject had no known medical problems and to her knowledge was not taking any medications. The spouse relayed alcohol consumption up to four times per week, and use of smoking tobacco only during social events. She denied knowledge of marijuana or illicit drug use. The spouse confirmed the subject had recent complaints of non-specified foot discomfort, however she was unware of medical diagnoses or recent medical treatment. The spouse relayed the subject's primary care physician was Dr. Hammerman. A request for medical records was sent to Dr. Hammerman's office, and received facsimile outlining medical history significant for hyperlipidemia. The records were provided to Assistant Medical Examiner Dr. Ellen Moffatt for further consideration.

Emergency room staff provided me with the name of the subject's friend (W1) who was present at the scene when emergency services arrived. Chief Medical Examiner Michael D. Hunter, M.D. #100 and Director of Operations Christopher Wirowek #101 arrived at the hospital and met with the subject's spouse.

Leaving the subject and the spouse in the care of Chief Medical Examiner Dr. Hunter and Mr. Wirowek, I then left the hospital with Investigator Chuakay. I contacted King American Ambulance dispatch at 2025 hours in an attempt to obtain additional information regarding the subject's initial location. King American dispatch reported that the subject was transported from 46 Telegraph Place in San Francisco.

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At 2028 hours, I contacted dispatch for the San Francisco Police Department and requested that officers meet Investigator Chuakay and myself for a 'civil standby'. I informed the dispatch operator the address was the believed location possibly related to the death of the public defender, and assistance was requested.

At 2036 hours, Investigator Chuakay and I arrived at Telegraph Place, a cul-de-sac style residential lane.

At 2045 hours Investigator Chuakay and I walked to 46 Telegraph Place where we found the multi-unit building with a shared exterior common entry gate which was locked. We rang the doorbell for unit 46 and received no answer. We then rang the doorbells for the other units and made contact with a building's tenant (witness 2; 'W2'). W2 came to the common entry gate and greeted us, then confirmed lights within unit 46 were observed on earlier in the late afternoon/evening. W2 provided the name of the occupant for unit 46 (whom is also the owner of the building), and relayed the owner was seldom at the unit.

Investigator Chuakay and I then presented to the front door of 46 Telegraph Place and found the apartment to be dark when peering inside the unit's front door's window. Repeats knocks on the front door and multiple attempts using the unit's doorbell, did not elicit a response.

At approximately 2050 hours, I contacted the subject's friend (W1) and was able to speak to her via cellphone. I asked to meet with W1, however she relayed that she was busy having dinner at the moment and was unwilling to step away. I told her that I was an Investigator with the City and County of San Francisco and then asked if she was aware why I was calling. W1 responded that this must have something to do with Jeff and his death. W1 stated that she would have to contact me later in the evening if she was available.

At my direction, Investigator Chuakay contacted the San Francisco Police Department's dispatch number at 2104 hours and advised dispatch that we were departing the area, as we were unable to make contact with the possible witness of 46 Telegraph Place. I told Investigator Chuakay to tell dispatch that we no longer needed a 'civil standby', as we were met without positive result. We returned back to CPMC PAC where we took custody of the subject's body.

The subject, an adult male appearing his recorded age of 59 years, was viewed lying supine on a hospital bed in the 'Fast Track' area of the Emergency Department. He was clad in underwear only, which had been cut by medical personnel. The subject was found to be warm to the touch and flaccid. Blanchable lividity was present and consistent with the present supine position. Evidence of medical therapy consistent with a brief hospital course was noted about the body. An endotracheal tube was noted in the subject's mouth. Numerous medical monitor and defibrillator patches were noted about the chest and abdominal regions. Medical intravenous lines were noted in place about the subject's left subclavian area and bilateral wrists. No obvious injuries were noted about the subject's body during my preliminary external examination at the hospital. The subject was transported from CPMC PAC to the Medical Examiner's Office on 2/22/2019 at 2225 hours.

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At approximately 2238 hours, I was contacted by the subject's friend (W1) who was now able to meet following completion of her dinner engagement.

On 2/22/2019 at 2324 hours, Director Wirowek accompanied me to meet with W1 at the location in front of 219 Clement Street. W1 was waiting in a white colored vehicle, which was void of a license plate. W1 and another person identified as "Minh" were seated in the front seats of the vehicle. As we crossed the street and approached the vehicle to initiate contact with W1, the person identified as "Minh" by W1, promptly departed the front passenger side of W1's vehicle and left without making contact with me or W1.

W1 described that she and the subject were close friends for years and further substantiated their plutonic relationship. When asked of the whereabouts of the reported "acquaintance" who had reportedly contacted 911, W1 stated that the acquaintance's location or name was unknown. W1 relayed that she first met this "acquaintance" that very same day, and identified the acquaintance as "Catalina". W1 stated her first contact with "Catalina" was at 46 Telegraph Place, after "Catalina" had called W1 from the subject's cellphone. Per W1, "Catalina" was a friend of the subject, and relayed that they had met some time before. W1 was unable to provide "Catalina" 's full name, telephone number or any contact information.

W1 shared with me details regarding the subject's afternoon (reportedly the subject and "Catalina" dined in North Beach at an unknown restaurant, the subject complained of unspecified abdominal pain, and reportedly a ride-share car was taken by the subject upon the couple's return to the 46 Telegraph Court residence).

In addition, W1 shared that she had let the subject borrow the apartment approximately one week prior and W1 provided the subject the keys which had allowed him access.

W1 stated that she missed a call from the subject on 2/22/2019 at 1734 hours. She attempted to return the subject's phone call at 1735 hours, when reportedly the call was answered by "Catalina". Mr. Wirowek asked if W1 could show us her cellphone's recent call log, and W1 promptly held up her cellphone displaying her call list. Mr. Wirowek took photographs of W1's call logs.

A series of calls occurred between W1 and the subject's cellphone. First call begun at 1734 hours, and the last call ended at 1753 hours. Note: the initial call to 911 was made at 1743 hours.

W1 agreed to drive to 46 Telegraph Place to allow entry into the apartment for further investigation.

Director Wirowek and myself followed W1 to 46 Telegraph Place arriving on 2/23/2019 at 0015 hours. The window adjacent to the unit's front door was unlocked. Reportedly the window had been previously opened by SFPD upon their

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arrival to the location, however reportedly SFPD had not entered the unit. We were greeted by multiple San Francisco Police officers and Board of Supervisor Aaron Peskin. I coordinated with officers on scene, while Director Wirowek spoke with the Supervisor. Mr. Peskin and Mr. Wirowek exchanged condolences and then the Supervisor promptly left Telegraph Place leaving on foot. W1 waited inside her car with the windows rolled up during this time.

For approximately an hour, W1 coordinated with SFPD officers in an attempt to obtain legal entry into the unit. Communications between W1 and officers determined W1 was not a "tenant" of unit 46, but was simply allowed to use the space by the legal owner. The building owner residing out of the area, and was contacted by W1 and SFPD via telephone. W1 contacted the owner on her cellphone on two occasions, and SFPD made video of these communications with their body-worn cameras. At approximately 0100 hours, entry was ultimately made by SFPD officers by unlocking the front door from inside, by utilizing the unlocked adjacent front window.

Officers entered the apartment first to ensure the unit was empty and safe. Approximately 5 minutes past before Director Wirowek and I entered the apartment. The unit consisted of an eat-in kitchen space, an adjacent TV sitting area, and a single hallway leading to a bedroom and bathroom. The hallway terminated into a hall closet which contained common home cleaning products and linens. The apartment was in particular order, and sparsely furnished.

Director Wirowek accompanied me as I went through the small dwelling room-by-room; taking scene photographs of each space and its contents. The kitchen and living room areas suggested evidence of recent alcohol and THC/CBD use. Empty alcohol containers were located adjacent to the trash receptacle in the living room area.

Within the rear bedroom, I observed a pair of black shoes and socks neatly placed near a wall. A neatly folded pair of pants and a shirt was positioned in a stack on the edge of the nightstand. When I searched the pants pockets, a few folded bills of currency and two sets of keys were located. Nothing within the contents of the clothing suggested or confirmed the subject was the owner. The bedroom mattress had been previously striped of bed linens prior to my arrival, and the mattress was exposed. A set of bedsheets were located in a pile, lying on the floor of the aforementioned hallway closet. Atop the nightstand contained a foil-wrapped container set of Zantac tablets, and two over the counter containers labeled "pain reliever" and "ibuprofen" were noted. A syringe void of a gauged needle containing clear fluid was also noted on top of the nightstand. A similar syringe was noted on a decorative wall niche located within the hallway. The syringes were consistent with medical therapy.

I searched the trash contents within the bathroom and living room receptacles with Mr. Wirowek and the officers as witnesses. The bathroom contents suggested trash from a period of some days or weeks, as numerous "While you were out" pink messages were dated 11/28/18 and 11/29/18 (addressed to the unit's owner), empty prophylactic wrappers along with dirty and soiled bath tissues, and a receipt from "Bershka" was identified. The living room receptacle waste contents included cannabis vape cartridge boxes, a receipt from "Flower to the People", an empty Durex pack, and other soiled tissues and papers. Following the search of the unit, W1 was asked to come inside and was questioned by officers.

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MEDICAL EXAMINER / INVESTIGATOR'S REPORT

CITY AND COUNTY OF SAN FRANCISCO -
RECORD OF DEATH

After one last failed attempt to ring the subject's cellphone by SFPD officers, Director Wirowek and I left 46 Telegraph Place at approximately 0205 hours. I left the open apartment unit and its contents, along with W1 in the care of SFPD officers at the scene. Director Wirowek and I returned to the Office of the Chief Medical Examiner at 0225 hours on 2/23/2019, where I uploaded all scene photographs to the case file for the Chief Medical Examiner's review.

Primary Investigator: Kris Barbrich #114 Investigator: J. Wil Chuakay #120

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Case 2019-0239 Event Log Report
San Francisco Office of the Chief Medical Examiner

Adachi, Jeffrey

Event Date: 02/23/2019 **Event Time:** 05:17 PM

Description: SFPD Case Briefing
By: Investigator Devin Etheredge #125
Event Comment:
On 2/23/19 at 1400, SFMEO Director of Operations Wirowek #101 and myself attended a 2 hour case briefing held at 850 Bryant St. The meeting was chaired by Det. Sgt Warnke #1397 and Insp. Cagney #341, and was attended by several other homicide detectives and officers from Central Station.

Event Date: 02/23/2019 **Event Time:** 05:38 PM

Description: Release of Scene Photographs
By: Mr. Christopher Wirowek #101
Event Comment:
Release of 157 scene photographs taken by Wirowek #101 and Barbrich #114 to SFPD Homicide Sgt. T. Kiely #1215 on 2/23/2018 at 1740 hours. Director Wirowek received a verbal request from Sgt. Warnke on 2/23/2019 during a briefing meeting involving SFPD Night Investigations and Homicide Detail, Mr. Wirowek and Investigator Etheredge. Meeting location was at Hall of Justice on 2/23/2019.

Event Date: 02/24/2019 **Event Time:** 02:49 PM

Description: Discussed findings on phone with Lt. Philpott and Sgt Warnke
By: Dr. Ellen Moffatt MD
Event Comment:
Discussed gross findings only.

Event Date: 02/25/2019 **Event Time:** 04:04 PM

Description: SFPD Homicide
By: Investigator Kris Barbrich #114
Event Comment:
I spoke to Captain E. Yu of the San Francisco Police Department, Homicide Bureau. He advised me that his department had already searched the subject's vehicle and secured items during their search. Captain E. Yu did not disclose what items were found or seized.

Case 2019-0239 Event Log Report
San Francisco Office of the Chief Medical Examiner

Adachi, Jeffrey

Event Date: 02/26/2019 **Event Time:** 09:46 AM

Description: Fingerprints
By: Jerry Wedrychowski
Event Comment:
PENDING, DECEDENT'S FINGERPRINTS WERE DELIVERED TO SFPD ID BUREAU, NO RESPONSE AT THIS TIME.

Event Date: 02/27/2019 **Event Time:** 12:00 AM

Description: Discussed gross findings again with Sgt. Warnke, Lt. Philpott with Dr. Hunter and Tom McDonald in attendance.
By: Dr. Ellen Moffatt MD
Event Comment:
Meeting approximately 1 hour. We discussed gross findings and need for information regarding timeline of events.

Event Date: 03/13/2019 **Event Time:** 01:54 PM

Description: Discussed further information on this case with Sgt Warke and Lt. Philpott. Dr. Hunter also in attendance
By: Dr. Ellen Moffatt MD
Event Comment:
Met for approximately 45 minutes. Sgt Warnke was able to speak with the female companion of Mr. Adachi. She stated that they had spent the day together, starting in the morning and had breakfast about 11AM. Mr. Adachi seemed to be in his usual state of good health and ate well. At some point they consumed some edibles (cannabis). Around 4PM, they went to a North Beach restaurant and had dinner. They drank a glass or two of champagne, and Mr. Adachi ate well. During this meal, he complained of upper abdominal pain (Sgt. Warnke put his fist into his upper abdominal area) and began sweating profusely. He asked his companion to pay the bill so they could leave. The companion suggested going to a hospital, but Mr. Adachi refused. They took a ride share back to the nearby North Beach apartment (which W1, another friend of Mr. Adachi's- had use of and belonged to a lawyer who resided outside of the area). This was a distance that was easy to walk, but Mr. Adachi was too uncomfortable to walk. At the apartment, Mr. Adachi took an "ibuprofen". He continued to have severe abdominal pain and sweating and eventually took off his clothes (with the exception of his underwear) and got into bed because he felt ill. The companion again asked if Mr. Adachi would like to go to the hospital. Mr. Adachi refused, because this had happened a few times before and it had resolved on its own. He did ask his companion to go get some "zantac". She went to a corner store and returned. Mr. Adachi was still in pain. He then became very confused and shortly after became unresponsive. She called 911 and was instructed to perform CPR.

Case#: 2019-0239
Cause and Manner of Death Report

CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CHIEF MEDICAL EXAMINER

DECEDENT INFORMATION

Decedent Name: **ADACHI, JEFFREY** AGE: 59

Alias Name(s):

Date of Death: 02/22/2019 Examination Type: AUTOPSY

Pathologist: Ellen Moffatt MD

DEATH CERTIFICATE INFORMATION

Manner of Death: Accident
Method of Death:

DC Issue Date:
Amendment
Submission Date:
DC Signed by: Dr. Ellen Moffatt MD
Report Date: 03/22/2019

CAUSE OF DEATH INFORMATION

Cause of Death (A): ACUTE MIXED DRUG (COCAINE AND ETHANOL) TOXICITY

COD B:

COD C:

COD D:

Other Conditions: HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

CITY AND COUNTY OF SAN FRANCISCO
Office of the Chief Medical Examiner
Medical Division
Case No. 2019-0239

Name: **ADACHI, JEFFREY** Date & Time of Necropsy: **February 24, 2019 0853 Hours**

Age: **59** Height: **5'10"** Weight: **169 lbs.**

PRELIMINARY EXAMINATION: The body is received in a plastic pouch sealed with bag seal number 158303 and is identified by an appropriately labeled Medical Examiner's tag affixed to the right great toe. When first viewed, the decedent is clad in black underpants (cut prior to examination).

EXTERNAL EXAMINATION: The body is of a well-developed, well-nourished, adult man whose appearance is consistent with the reported age of 59 years.

The face is symmetric, intact, and unremarkable. The head is symmetric, and normocephalic. The scalp is intact. The scalp hair is black with rare gray strands, straight with mild frontal and moderate temporal balding and measures approximately 1-1/4 inch in length over the crown and shorter on the sides of the head. The mustache and beard areas are covered by a small amount of dark stubble. The eyelids are intact, and unremarkable. The conjunctivae are clear without petechial hemorrhages, pallor, or icterus. The sclerae are white without petechial hemorrhages or icterus. The irides are brown with a mild arcus senilus and the pupils are equally dilated at 7 millimeters. The nose is symmetric, and unremarkable. The nasal septum is intact. The mouth has native dentition in good to fair repair. The oral mucosa is tan, moist, and unremarkable. The frenula are intact. The external ears are normally formed, symmetric, intact, and unremarkable.

The neck is normally formed, intact, and symmetric. The trachea is palpable in the midline. Cerebrospinal fluid from the cisterna magna is clear and is not under increased pressure. The chest is symmetric, and intact. The abdomen is symmetric, soft, flat, and tympanic to percussion. The external genitalia are those of a normally developed, adult male. The scrotum is intact, and unremarkable. The anus is patent.

The forearms and upper arms are normally formed, symmetric, and intact. The ventral wrists have no scars. The hands, fingers, fingernails, feet, toes, and toenails are normally formed, intact, and unremarkable. The lower extremities are free of edema. The lower extremities are normally formed, symmetric, intact, and unremarkable.

The posterior body surfaces are intact with fixed dependent lividity.

EVIDENCE OF MEDICAL THERAPY: Evidence of medical therapy includes an endotracheal tube with a holder and strap (with the tip of the tube in the trachea at subsequent autopsy), triple lumen central access line in the left upper chest (covered with a clear bandage and its tip in the superior vena cava at subsequent autopsy), seven electrocardiogram pads (one on the right upper chest, two on the left upper chest, one on the left chest, one on the right lateral abdomen, one on the right lower abdomen and the last on the left back), two

defibrillator pads (one on the center chest and the other on the left back), taped gauze in the left antecubital fossa, peripheral intravenous access lines in the left lateral dorsal wrist, right lateral dorsal wrist and right dorsal hand.

The left second through fifth ribs are fractured anteriorly. Hemorrhage is in the left sternocleidomastoid muscle consistent with an internal jugular vein access attempt. Hemorrhage is in the anterior neck soft tissue consistent with cricoid pressure.

IDENTIFYING MARKS AND SCARS: On the left lateral palm is a faint oblique 1-1/2 inch linear well-healed scar. On the right lateral arm is a multicolor tattoo.

EVIDENCE OF INJURY: A 3/8 inch by 3/8 inch blue-purple contusion is on the left medial posterior axilla and in the right medial posterior axilla are blue-purple-red contusions ranging in size from 3/8 inch to ½ inch. On the left medial posterior thigh is a purple-red contusion measuring ½ inch by ½ inch. In the right medial lower leg is a 5/8 inch by 3/16 inch red abrasion.

A healed fracture is in the left posterior first rib.

There are no acute fatal traumatic injuries.

INTERNAL EXAMINATION: The subcutaneous fat is approximately 2.6 centimeters in its maximum thickness at the mid-abdomen. The pleural cavities are free of abnormal collections of fluid, hemorrhage, or adhesions. The visceral and parietal pleurae are intact and unremarkable with a smooth, glistening serosa and no fluid. The pericardial sac is intact and unremarkable with approximately 5 milliliters of straw-colored fluid. The abdominal cavity is intact and unremarkable without excess fluid, hemorrhage, exudates, or adhesions. The thoracoabdominal organs are in their usual positions and have smooth glistening surfaces. The diaphragms are intact and normally elevated. The body cavities have no peculiar or aromatic odor.

NECK: The neck is dissected in a layer-wise fashion after the thoracoabdominal and cranial contents are removed. The superficial and deep muscles of the neck are firm, red-brown and intact. The soft, red-brown tongue is unremarkable without intramuscular hemorrhage, laceration, or infiltrate. The hyoid bone is intact without fracture or periosseous soft tissue hemorrhage. The thyroid and cricoid cartilages are intact without fracture or adjacent soft tissue hemorrhage. The mucosa of the larynx and trachea are unremarkable without intraluminal obstructive lesion, ulceration, laceration, or fistula. There are no prevertebral fascial hemorrhages or underlying cervical vertebral fractures.

CARDIOVASCULAR SYSTEM: The 440 gram heart has a smooth, glistening, unremarkable epicardium. The cardiac contour is unremarkable. The coronary arteries arise from the aorta in a normal fashion and follow their usual anatomic pathways. The coronary ostia are patent. The posterior interventricular septum receives its blood supply from the left coronary artery. The right coronary artery is patent with a small caliber with eccentric, partially-calcific atherosclerosis and up to 30 percent luminal stenosis in the proximal portion of the artery. The left coronary artery is patent. The left anterior descending branch is patent with eccentric, partially-calcific atherosclerosis and up to 60-70 percent luminal stenosis in the proximal portion of the artery, which may have a small hemorrhage in the plaque. The left circumflex branch is patent with concentric, partially-calcific atherosclerosis and no gross luminal stenosis in the proximal portion of the artery. There is no occlusive thrombus of the epicardial vessels. The right and left ventricular myocardium is red-brown and firm without discoloration, infarct, muscular bulges or focal lesion. The left ventricular free wall is 1.7 centimeters and the septal wall is 1.9 centimeters thick. The right ventricular wall is 0.3 centimeter thick. The valve cusps and leaflets are translucent, pliable, and free of vegetations or fenestrations. The aortic valve is mildly calcified and the mitral valve is mildly thickened. The chordae tendineae are thin and delicate. The papillary muscles are intact. The cardiac chambers are normally dilated. The foramen ovale is closed. The endocardium is unremarkable without thickening or fibrosis. The aorta and its major branches have normal pathways with approximately 20-30 percent covered with nonulcerated atherosclerotic plaques. The venae cavae and major veins are all patent, intact, and unremarkable with smooth, yellow-tan intimae. The periaortic lymph nodes in the abdomen and mediastinum are inconspicuous.

RESPIRATORY SYSTEM: The right and left lungs are 860 grams and 790 grams, respectively. The lungs are congested. Both lungs have smooth pleural surfaces and a dark red-blue, subcrepitant, congested, and moderately edematous parenchyma without palpable induration, visible suppuration, granuloma, consolidation, hemorrhage, neoplasm, or emphysema. The tracheobronchial tree has a pink-tan, unremarkable mucosa and is patent without intraluminal obstructive lesion. The pulmonary vessels are patent and have a yellow-tan, smooth intima without thromboemboli. The pulmonary and hilar lymph nodes are soft, black, and inconspicuous.

HEPATOBILIARY SYSTEM: The 2140 gram liver has a smooth, intact capsule with a sharp anterior margin. The hepatic parenchyma is firmer than usual, dark red-brown, and uniform without laceration, hemorrhage, or mass lesion. The hepatoduodenal ligament is free of lymphadenopathy. The hepatic artery and portal vein are patent and intact.

The gallbladder is intact and contains approximately 5 milliliters of yellow-orange-red, viscid bile and no calculi. The gallbladder wall is 0.1 centimeter thick with an orange-red, velvety

mucosa. The cystic, common, and hepatic bile ducts are normal in course and caliber and free of calculi.

HEMATOPOIETIC SYSTEM: The 140 gram spleen is intact and has a smooth, grey, translucent capsule. The splenic pulp is moderately firm, purple-red, and unremarkable with conspicuous corpuscles. The gastrosplenic ligament is free of lymphadenopathy. The thymus has been replaced by adipose tissue and is unremarkable. The thoracoabdominal and cervical lymph nodes are not enlarged. The visible bone marrow is unremarkable.

ENDOCRINE SYSTEM: The pituitary gland is intact, normally developed, and is unremarkable without laceration, hemorrhage, or mass lesion. The thyroid gland is symmetric and unremarkable with a firm, red-purple, granular parenchyma and no cyst, hemorrhage, fibrosis, or mass lesion. The adrenal glands are normally situated and have soft, yellow cortices and soft, grey-brown medullae. The pancreas has a soft, tan parenchyma with a normal lobular architecture and no saponification, pseudocyst, neoplasm, fibrosis, hemorrhage, or mineralization.

GASTROINTESTINAL SYSTEM: The oropharynx has a tan, smooth, unremarkable mucosa. The esophagus has a smooth, gray-white mucosa. The stomach has a smooth, tan serosa and a smooth, tan mucosa with somewhat flattened rugal folds. The gastric wall is not thickened or indurated. The gastric contents consist of approximately 1250 milliliters of brown, turbid fluid without identifiable food material. The stomach does not contain identifiable tablets, capsules, or pill fragments. The duodenum has a smooth, bile-stained mucosa without ulcers. The small intestine has a smooth, tan serosa and is not dilated or obstructed. The mesenteric lymph nodes are inconspicuous. The large intestine has normal haustral markings and a vermiform appendix without descending or sigmoid colonic diverticula. The rectum has a smooth, tan mucosa.

GENITOURINARY SYSTEM: The right and left kidneys are 190 grams each. The renal capsules are intact and strip with ease from the underlying cortices. Both kidneys have smooth cortical surfaces without persistent fetal lobulations. The renal parenchyma is firm, dark red-brown, and has a good corticomedullary definition with an average cortical thickness of 3 millimeters on the left and 6 millimeters on the right. The pyramids and papillae are unremarkable. The pelvicalyceal systems are normal without dilatation or obstruction. The ureters are patent and normal in course and caliber to the urinary bladder. The renal arteries and veins are patent without atherosclerosis or stenosis. The urinary bladder is intact with a smooth, tan mucosa without erythema, hemorrhage, ulcer, or mass lesion. The urinary bladder contains approximately 30 milliliters of cloudy, yellow urine.

The soft, tan prostate gland is not enlarged and has a soft, tan parenchyma without discoloration, induration, or necrosis. In the right mid prostate is a 1.6 centimeters by 1.3 centimeters by 1.0 centimeter bulging nodule with a green purulent center. The seminal vesicles are normal. The right and left testes are normally situated in the scrotum and have a soft, tan, homogeneous parenchyma without hemorrhage, cyst, or mass lesion.

MUSCULOSKELETAL SYSTEM: The firm, red-brown muscles are well hydrated and free of focal lesions. The skeleton is well developed and without fracture, deformity, or osteoporosis. The cervical spinal column is stable on internal palpation.

HEAD AND CENTRAL NERVOUS SYSTEM: The reflected scalp is free of trauma. The galeal soft tissues and temporalis muscles are intact, normal, and unremarkable. The calvarium is intact without fracture. The dura mater is intact and unremarkable. The epidural and subdural spaces are free of blood. The dural sinuses are intact and unremarkable. The 1560 gram brain has symmetric cerebral and cerebellar hemispheres covered by thin, transparent leptomeninges without subarachnoid hemorrhage. The cerebral cortex is tan, uniform, and free of contusion foci. The cerebral white matter is uniform throughout. The caudate nuclei, basal ganglia, and thalami are tan, uniform, and symmetric. The ventricles are normal in caliber and contain clear, colorless cerebrospinal fluid and congested choroid plexus. The midbrain, cerebellum, pons, and medulla oblongata are free of internal or external abnormalities. The Sylvian aqueduct and fourth ventricle are normal. The locus ceruleus and substantia nigra are normally pigmented. The cranial nerves and mammillary bodies are symmetric and normal. The cerebral vasculature including the Circle of Willis are translucent, patent, with a few atherosclerotic plaques. The anterior, middle, and posterior cranial fossae are free of fractures. The proximal cervical spinal cord is firm, symmetric, and grossly normal.

Name: **ADACHI, JEFFREY** Date & Time of Necropsy: **February 24, 2019 0853 Hours**

FINDINGS:

1. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
    a. 70 PERCENT STENOSIS, LEFT ANTERIOR DESCENDING CORONARY ARTERY
    b. 30 PERCENT STENOSIS, RIGHT CORONARY ARTERY
    c. CONCENTRIC ATHEROSCLEROTIC PLAQUE, LEFT CIRCUMFLEX CORONARY ARTERY
    d. AORTIC INTIMA 20-30 PERCENT COVERED WITH PLAQUES
    e. MILD INVOLVEMENT, CIRCLE OF WILLIS
2. LEFT VENTRICULAR HYPERTROPHY (1.7 CENTIMETERS)
3. HISTORY OF HYPERLIPIDEMIA (CLINICAL)
4. SLIGHTLY FIRMER THAN USUAL, LIVER
5. PROSTATE NODULE
6. OLD FRACTURE, LEFT POSTERIOR FIRST RIB
7. HISTORY OF GRAVES DISEASE (CLINICAL)
8. MILDLY ELEVATED VITREOUS UREA NITROGEN OF 17 MG/DL (SEE SEPARATE REPORT)
9. COCAINE (TRACE AMOUNT- CANNOT BE QUANTIFIED), BENZOYLECGONINE, ETHANOL, BENZODIAZEPINE AND ACETAMINOPHEN PRESENT IN BLOOD (SEE SEPARATE REPORT)
10. COCAINE, CANNABINOIDS AND COCAETHYLENE IN URINE (SEE SEPARATE REPORT)
11. SMALL CONTUSIONS, RIGHT AND LEFT AXILLA

Spec. to Pathology: Portions of brain, pituitary, thyroid, heart, lungs, liver, gallbladder, spleen, pancreas, adrenal, kidney, urinary bladder, prostate, testis, gastroesophageal junction, appendix, and small bowel.

Spec. to Histology: Brain, thyroid, heart, lung, liver, spleen, pancreas, kidney and skin with soft tissue of right and left axillae and right posterior thigh.

Spec. to Toxicology: Peripheral (gray top #1 right femoral vein, gray top #2 bilateral femoral veins) and central blood (gray top), right and left vitreous humor, gastric contents (5), spleen, liver and urine.

Radiographs: Taken by R. Sehmar and reviewed by Ellen Moffatt, M.D., Assistant Medical Examiner, San Francisco Medical Examiner's Office, and retained.

Physician(s) Present: M. Hunter, M.D.

Name: **ADACHI, JEFFREY** Date & Time of Necropsy: **February 24, 2019 0853 Hours**

Forensic Tech(s): R. Sehmar.

Photographer: Ellen Moffatt, M.D., Assistant Medical Examiner, San Francisco Medical Examiner's Office.

Evidence: Blood spots (2), swabs, pulled scalp hair, right and left fingernails with clippers, bag seal, clothing and hospital therapy.

Frozen tissue: Purple tops and serum.

03/22/2019
Ellen Moffatt, M.D.
Assistant Medical Examiner

M. Hunter, M.D. MH
A.P. Hart, M.D.
E.G. Moffatt, M.D.
H. Narula, M.D.
egm

CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CHIEF MEDICAL EXAMINER
MEDICAL DIVISION

Name: **ADACHI, JEFFREY** Case No: **2019-0239**

MICROSCOPIC DESCRIPTION

BRAIN: One (1) hematoxylin and eosin stained slide is examined. It includes sections of the frontal and temporal cerebral cortices with underlying white matter, hippocampus, medulla and cerebellum.

The leptomeningeal and parenchymal blood vessels are unremarkable. The leptomeninges are thin and delicate. The cortical laminations are unremarkable. The neurons in the frontal and temporal cerebral cortices and hippocampus are unremarkable. The cerebellum and medulla are unremarkable. The parenchyma of the brain has no neoplastic process or inflammatory infiltrate.

THYROID GLAND: The variously sized follicles contain abundant colloid without neoplasia, or degenerative changes. The thyroid parenchyma has chronic inflammation with germinal centers.

HEART: The epicardial surface is intact without inflammatory infiltrate or hemorrhage. The myocardial fibers are generally uniform in size and shape with a linear cytologic architecture. In the subendocardial posterior left ventricle is moderate perivascular and interstitial fibrosis. The vessels of the posterior left ventricle have mild to moderate medial hypertrophy with mild stenosis. Rare vessels in the subendocardial left posterior ventricle have mild medial degeneration. The anterior left ventricle has focal mild interstitial fibrosis with associated hypertrophied cardiomyocytes with enlarged boxcar nuclei. The lateral left ventricle has focal severe interstitial fibrosis in the subendocardial area and cardiomyocytes in this area have a hypereosinophilic color suggesting early coagulative necrosis (although few nuclei seem to have dropped out). Also in the area are rare vessels with moderate medial hypertrophy and mild luminal stenosis. Fibrofatty intramural infiltration is absent. The sino-atrial and atrio-ventricular nodes are unremarkable; however an area of the septal left ventricle near the atrio-ventricular node has congestion suggestive of an early myocardial infarct (few hours in age). On additional sections of the high septum is at least moderate perivascular and interstitial fibrosis as well as a focus of disintegrating cardiomyocytes with a few inflammatory cells (early myocardial infarct, hours in age). The left anterior descending coronary artery is at least 80 percent stenosed with a few red cells in the atherosclerotic plaque. The right coronary artery is at least 50 percent stenosed by atherosclerotic plaque, but the sections are hard to evaluate.

LUNGS: The alveoli are well expanded and the alveolar septa are thin and delicate. The pulmonary vasculature is unremarkable. The tracheobronchial tree is unremarkable. The parenchyma has no diagnostic polarizable material.

LIVER: The intact hepatic parenchyma has normally arranged hepatocytes with an unremarkable architecture. The portal tracts are unremarkable. The bile ductules and ducts are unremarkable. The hepatocytes have mainly mild macrovesicular steatosis (with a small amount of microvesicular steatosis). The sinusoids are unremarkable. The parenchyma has no diagnostic polarizable material.

PANCREAS: The tissue available for examination has a severe loss of nuclear and cytoplasmic detail without associated inflammatory infiltrate (autolysis).

SPLEEN: There is no inflammatory infiltrate, fibrosis, hemosiderin laden macrophages, extramedullary hematopoiesis, or acute necrosis in the parenchyma.

KIDNEY: The intact renal parenchyma has a normal architecture without intraparenchymal solid or cystic mass lesion. There are no interstitial inflammatory infiltrates. The renal arteries and arterioles, particularly in the juxtaglomerular area has moderate hyalinized intimal hypertrophy. The glomeruli are unremarkable. The tubules are unremarkable. No diagnostic polarizable material is seen.

PROSTATE: The glands have a basal layer and a single layer epithelium. Some of the nuclei of the some of the adjacent glands are mildly hypertrophied with vesicular chromatin (probable reactive changes). Other glands have acute inflammation and debris.

SKIN AND SOFT TISSUE, LEFT AXILLA: The skin has a basketweave keratin and unremarkable epidermis. The skin is lightly pigmented. The dermis has unremarkable adnexae. The collagen is unremarkable and the adipose tissue is mature. Intact and laked red cells are in the adipose tissue.

SKIN AND SOFT TISSUE, RIGHT POSTERIOR AXILLA: The skin is hairbearing and has a basketweave keratin and unremarkable epidermis. The skin is lightly pigmented. The dermis has unremarkable adnexae. The collagen is unremarkable and the adipose tissue is mature. Intact and laked red cells are in the adipose tissue and dermis.

SKIN AND SOFT TISSUE, LEFT POSTERIOR THIGH: The skin is hairbearing and has a basketweave keratin and unremarkable epidermis. The skin is pigmented. The dermis has unremarkable adnexae. The collagen is unremarkable and the adipose tissue is mature. A few intact red cells are in the adipose tissue.

MICROSCOPIC DIAGNOSES:

1. SMALL ACUTE MYOCARDIAL INFARCT, FEW HOURS IN AGE, HIGH SEPTUM
2. CONGESTION, LEFT SEPTUM NEAR THE ATRIO-VENTRICULAR NODE, POSSIBLY REPRESENTING AN EARLY MYOCARDIAL INFARCT (FEW HOURS IN AGE)
3. POSSIBLE ISCHEMIC CHANGES, SUBENDOCARDIAL LATERAL LEFT VENTRICLE
4. AT LEAST 80 PERCENT STENOSIS WITH A FEW RED CELLS IN THE PLAQUE, LEFT ANTERIOR DESCENDING CORONARY ARTERY
5. AT LEAST 50 PERCENT STENOSIS, RIGHT CORONARY ARTERY
6. FOCAL SEVERE INTERSTITIAL FIBROSIS, SUBENDOCARDIAL LEFT LATERAL VENTRICLE
7. AT LEAST MODERATE AND INTERSTITIAL FIBROSIS, HIGH SEPTUM
8. MODERATE PERIVASCULAR AND INTERSTITIAL FIBROSIS, SUBENDOCARDIAL POSTERIOR LEFT VENTRICLE
9. FOCAL MILD INTERSTITIAL FIBROSIS, ANTERIOR LEFT VENTRICLE, WITH ASSOCIATED HYPERTROPHIED CARDIOMYOCYTES
10. VESSELS WITH MODERATE MEDIAL HYPERTROPHY AND MILD LUMINAL STENOSIS, SUBENDOCARDIAL POSTERIOR LEFT VENTRICLE
11. RARE VESSELS WITH MODERATE MEDIAL HYPERTROPHY AND MILD LUMINAL STENOSIS, ANTERIOR LEFT VENTRICLE
12. RARE VESSELS WITH MILD MEDIAL DEGENERATION, SUBENDOCARDIAL POSTERIOR LEFT VENTRICLE
13. CHRONIC THYROIDITIS
14. MODERATE INTIMAL HYALINIZED HYPERTROPHY, RENAL ARTERIES AND ARTERIOLES
15. MILD STEATOSIS, LIVER
16. ACUTE PROSTATITIS WITH PROBABLE REACTIVE CHANGES
17. INTACT AND LAKED RED CELLS, SKIN AND SOFT TISSUE, LEFT AXILLA
18. INTACT AND LAKED RED CELLS, SKIN AND SOFT TISSUE, RIGHT POSTERIOR AXILLA
19. FEW INTACT RED CELLS, SKIN AND SOFT TISSUE, LEFT POSTERIOR THIGH

CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CHIEF MEDICAL EXAMINER
MEDICAL DIVISION

Name: **ADACHI, JEFFREY** Case No: **2019-0239**

CAUSE OF DEATH: ACUTE MIXED DRUG (COCAINE AND ETHANOL) TOXICITY

OTHER CONDITIONS: HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

MANNER: ACCIDENT

03/22/20
Ellen Moffatt, M.D.
Assistant Medical Examiner

M. Hunter, M.D.
A. Hart, M.D.
E. Moffatt, M.D.
H. Narula, M.D.
egm

Comment: The decedent is a 59 year old man with a medical history significant only for hyperlipidemia. He had complained in the recent past of a cough, but no pulmonary issues had been found on evaluation.

The following information was obtained from police questioning the female friend:

> On the day of his death, Mr. Adachi spent the day with this companion. He seemed to be in his usual state of generally good health. He and his friend had dinner together at about 4PM at a North Beach restaurant, and were staying at a nearby apartment. He consumed a small amount of alcohol (a glass or two of champagne) with dinner. During the dinner, he began to experience severe mid upper gastric pain and became sweaty. He asked the companion to pay the check so they could leave. His friend asked if he wanted to go to the hospital, and Mr. Adachi refused. They took a ride share back to the apartment at about 4:30 PM. The friend asked again at the apartment if he wanted to go to the hospital. Mr. Adachi again refused, stating this has happened "a few times" in the past and had resolved on its own.
>
> At the apartment, Mr. Adachi was still experiencing severe abdominal pain and was sweaty. He took off his clothes (with the exception of his underwear) and got into bed because he felt so ill. He asked the companion if she could get some "zantac" and Mr. Adachi, according to the friend, took some "advil". She went to a corner

store and returned with the "zantac". At some point, he became unresponsive and the friend called 911 at 5:43PM. The friend was instructed to perform CPR, which she did.

Paramedics at the scene initially found a weak pulse, and Mr. Adachi was transported to CPMC, where he was pronounced dead at 6:54PM.

At autopsy, the heart was a little heavier than normal, with approximately 70 percent stenosis of the left anterior descending coronary artery by soft plaque. This plaque appeared grossly to have a small hemorrhage. The other coronary arteries have smaller amounts of coronary artery disease. The heart itself had no gross findings of a myocardial infarct. Microscopically, the blockage of the left anterior descending coronary artery was slightly greater at 80 percent, again with some red cells in the plaque, possibly representing a small plaque rupture. The right coronary artery microscopically had a blockage of approximately 50 percent. The heart itself had microscopic signs of an acute myocardial infarct of a few hours in age in the high septum and lateral portions of the heart. Additionally, primarily in the anterior and lateral subendocardium, is fibrosis indicative of additional work by the heart over months to years, such as is seen in stress and hypertensive heart disease (a condition for which the decedent did not have a history).

Toxicology studies performed after autopsy show a small amount of ethanol, as well as the metabolite of cocaine, benzoylecgonine in the peripheral blood. Cocaine is found in the central blood, at levels too small to quantify. A small amount of benzodiazepine is also in the blood (although at a level too small to quantify).

The levels of these substances in the blood are most consistent with them having been taken at some point during the day, with metabolism occurring over the subsequent hours. The heart, with a significant amount of coronary artery disease and fibrosis already present, would have worked even harder with stimulant substances such as ethanol and cocaine in Mr. Adachi's system. Cocaethylene, a more cardiotoxic substance formed by the combination of cocaine in the presence of ethanol, is in the urine. Cocaethylene in the urine was, by definition, in the blood prior to it being filtered by the kidney and deposited in the urine.

At some point, most likely during the dinner, his already compromised heart could no longer sustain the amount of cardiac stress caused by these stimulant substances and became ischemic with death resulting a few hours later. The microscopic findings described above support the timeline given above.

The cause of death is acute mixed drug toxicity with cocaine and ethanol, with hypertensive atherosclerotic cardiovascular disease as a contributing factor. Based on the history, autopsy, microscopic and toxicology findings, the manner of death is accident.

City and County of San Francisco

FORENSIC LABORATORY DIVISION

Office of the Chief Medical Examiner

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2019 MAR 11 PM 4:20

TOXICOLOGY REPORT

NAME: ADACHI [illegible] SUBMISSION DATE: 02/25/2019 M. E.: EM
CASE NO: 2019-0239T REPORT DATE: 03/08/2019

ANALYTICAL RESULTS:

SPECIMEN TYPE	COMPOUND	RESULT	UNITS	ANALYSIS BY
Blood (Peripheral)	Ethanol	0.01	% (w/v)	HS-GC-FID
Blood (Cardiac/Central)	Ethanol	0.01	% (w/v)	HS-GC-FID
Vitreous Humor	Ethanol	0.02	% (w/v)	HS-GC-FID
Blood (Peripheral)	Benzoylecgonine	243	ng/mL	LC-MS/MS
Blood (Peripheral)	Temazepam	Confirmed Present		LC-MS/MS
Blood (Peripheral)	Caffeine	Confirmed Present		GC-MS
Blood (Cardiac/Central)	Cocaine	< 10	ng/mL	LC-MS/MS
Blood (Cardiac/Central)	Benzoylecgonine	224	ng/mL	LC-MS/MS
Blood (Cardiac/Central)	Acetaminophen	1,008	ng/mL	LC-MS/MS
Blood (Cardiac/Central)	Temazepam	Confirmed Present		LC-MS/MS
Blood (Cardiac/Central)	Caffeine	Confirmed Present		GC-MS
Urine	Cocaine	Confirmed Present		LC-MS/MS
Urine	Cocaethylene	Confirmed Present		LC-MS/MS
Urine	Benzoylecgonine	Confirmed Present		LC-MS/MS
Urine	Ecgonine Methyl Ester	Detected		GC-MS
Urine	Anhydroecgonine Methyl Ester	Detected		GC-MS
Urine	Levamisole	Detected		GC-MS
Urine	Temazepam	Confirmed Present		LC-MS/MS
Urine	Nicotine	Detected		GC-MS
Urine	Cotinine	Detected		GC-MS
Urine	Caffeine	Confirmed Present		GC-MS
Urine	Delta-9 Carboxy THC	Confirmed Present		LC-MS/MS

CASE REVIEW:

Eric A. Ingle, M.S., D-ABFT-FT
Forensic Toxicologist

DIVISIONAL CASE REVIEW:

Sue Pearring, M.S., D-ABFT-FT
Forensic Toxicologist Supervisor

COMMENTS:

Report prepared by JAV.

ANALYTICAL PROTOCOL:

Specimens submitted were subjected to Analytical Panels A, B, B+, and LCQA. **Analytical Panel A** employs HS-GC-FID to detect and quantify the following volatiles: ethanol, methanol, isopropanol and acetone. **Analytical Panel B** employs Biochip Array Technology detect Amphetamines, Barbiturates, Bath Salts I & II, Benzodiazepines, Benzylpiperazines, Buprenorphine, Cannabinoids, Chloral Hydrate, Cocaine, Ethyl Glucuronide (EtG), Fentanyl, Haloperidol, Ibuprofen, Ketamine, Lysergic Acid Diethylamide (LSD), Meprobamate, Mescaline, Methadone, Opiates, Opioids, Oxycodone, Phencyclidine (PCP), Phenylpiperazines I & II, Propoxyphene, Salicylates, Salvinorin, Synthetic Cannabinoids I, II, III, IV & V, Tricyclic Antidepressants, Zaleplon, Zolpidem and Zopiclone. **Analytical Panel B+** employs GC-MS to detect and/or confirm over one hundred drugs and metabolites. **Analytical Panel LCQA** employs LC-MS/MS to detect and/or confirm 6-monoacetylmorphine (6-MAM), Acetaminophen, Amitriptyline, Amphetamine, Benzoylecgonine, Bupropion, Buprenorphine, Carisoprodol, Chlorpheniramine, Citalopram, Cocaethylene, Cocaine, Codeine, Dextromethorphan, Diltiazem, Diphenhydramine, Doxepin, Doxylamine, EDDP, Ephedrine, Fentanyl, Fluoxetine, Gabapentin, Hydrocodone, Hydromorphone, Hydroxyzine Ketamine, Lidocaine, 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxymethamphetamine (MDMA), Meprobamate, Methadone, Methamphetamine, Methylphenidate, Mirtazapine, Morphine, Norbuprenorphine, Norfentanyl, Norfluoxetine, Norketamine, Norsertraline, Nortriptyline, Olanzapine, Oxycodone, Paroxetine, Phencyclidine (PCP), Promethazine, Pseudoephedrine, Quetiapine, Sertraline, Tramadol, Trazodone, Venlafaxine, and Zolpidem. Please contact the Forensic Laboratory Division if you have questions regarding specific substances.

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CHEMISTRY REPORT

NAME: ADAC[illegible]RY SUBMISSION DATE: 02/25/2019 M. E.: EM
CASE NO: 2019-0239T REPORT DATE: 03/08/2019

ANALYTICAL RESULTS:

SPECIMEN TYPE	COMPOUND	RESULT	UNITS	ANALYSIS BY
Vitreous Humor	Sodium	137	mmol/L	Electrolyte Analyzer
Vitreous Humor	Potassium	11.4	mmol/L	Electrolyte Analyzer
Vitreous Humor	Chloride	120	mmol/L	Electrolyte Analyzer
Vitreous Humor	Glucose	68	mg/dL	Electrolyte Analyzer
Vitreous Humor	Urea Nitrogen	17	mg/dL	Electrolyte Analyzer
Vitreous Humor	Creatinine	1.0	mg/dL	Electrolyte Analyzer
Vitreous Humor	Ketones	Negative		Reagent Strip

CASE REVIEW:

Eric A. Ingle, M.S., D-ABFT-FT
Forensic Toxicologist

DIVISIONAL CASE REVIEW:

Sue Pearring, M.S., D-ABFT-FT
Forensic Toxicologist Supervisor

ANALYTICAL PROTOCOL:
Specimen received were subjected to Analytical Panel E. Analytical Panel E employs Electrolyte Chemistry Analyzer, Reagent Strip and/or HS/GC/FID to detect and quantify sodium, potassium, chloride, glucose, urea nitrogen, creatinine and ketones.

COMMENTS
Vitreous Humor analyzed was collected from right eye.
Caution should be exercised when interpreting postmortem vitreous humor chemistry results.
Report prepared by JAV. JAV